

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2004

Application or Docket Number

**10/705629**

**CLAIMS AS FILED - PART I**

|   | (Column 1)          | (Column 2)   |
|---|---------------------|--------------|
| TOTAL CLAIMS  |                     |              |
| FOR   | NUMBER FILED        | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | <b>3</b> minus 20 = |              |
| INDEPENDENT CLAIMS  | <b>1</b> minus 3 =  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |                     |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE ☐

OR OTHER THAN  
SMALL ENTITY

| RATE      | FEE           |    | RATE      | FEE           |
|-----------|---------------|----|-----------|---------------|
| BASIC FEE | <b>395.00</b> | OR | BASIC FEE | <b>790.00</b> |
| X         |               | OR | X         |               |
| X         |               | OR | X         |               |
| +         |               | OR | +         |               |
| TOTAL     |               | OR | TOTAL     |               |

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A <b>4/22/05</b>  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | <b>12</b> Minus                  | <b>20</b>                          | =             |
| Independent   | <b>1</b> Minus                   | <b>3</b>                           | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X                |                | OR | X                |                |
| X                |                | OR | X                |                |
| +                |                | OR | +                |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

**10/3/05**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | <b>12</b> Minus                  | <b>20</b>                          | =             |
| Independent   | <b>1</b> Minus                   | <b>3</b>                           | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X                |                | OR | X                |                |
| X                |                | OR | X                |                |
| +                |                | OR | +                |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   |                                  |                                    |               |
| Independent   |                                  |                                    |               |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X                |                | OR | X                |                |
| X                |                | OR | X                |                |
| +                |                | OR | +                |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.